

PLACEMENT AGREEMENT: SPECIALIZED PSYCHIATRIC INSTITUTION

Child's Name	Birthdate	State ID	Placement Date
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The parties to this agreement are _____ and the Iowa Department of Human Services.
(Provider)

For and in consideration of the Iowa Department of Human Services placing _____,
(Child's Name)

who is court-ordered into foster care, in the provider's care and paying therefore, the parties agree to the following:

A. The provider agrees that:

1. As a licensed specialized psychiatric institution, the provider assumes responsibility for the care and treatment of this child in accordance with the case permanency plan developed by the Department.
2. The provider shall make periodic written reports covering the care and progress of the child every three months to the Department.
3. The provider shall report promptly any illness of the child and shall cooperate with the Department's plans for medical care outside the facility through the use of Medicaid.
4. The provider shall give a minimum of ten days written notice, except in an agreed-upon emergency, before requesting the removal of this child from care.
5. The provider shall bill for facility payment through Medical Services for children who are court-ordered into foster care and who are determined to need the level of care provided by a specialized psychiatric institution.
6. If the child has earned income, or if someone other than the Department is payee for the child's unearned income, the provider shall be responsible for securing the client participation.
7. The provider shall keep all accounting of the child's personal need funds received by the facility separate from the facility's operating funds.
8. The provider shall complete a Case Activity Report advising the Department of the child's absence from and return to the facility, and of IFMC determinations.
9. The provider shall inform the Department of income or resource changes known to the facility.

B. The Department agrees that:

1. The Department shall provide payment as agreed upon in the Medicaid contractual agreement between the Department and the provider as long as the child passes the level-of-care determination. Payment shall be made for days the child is in the facility, including up to ten days per month hospitalization and up to 30 days per year visits, unless more visits have been approved by the Department.
2. The Department shall carry out the responsibilities of the case permanency plan.
3. The Department shall inform the facility of client participation with the Facility Card, form MA-2139.

C. Special Provisions:**Iowa Department of Human Services****Provider**

Signature of Worker

By:

Signature

APPROVED BY:

Title

Date

Name

Title

Date